

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
02-003

2. STATE
Washington

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES
JULY 2002

4. PROPOSED EFFECTIVE DATE
April 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$112,000
b. FFY 2003 (\$417,000)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A
Pages 6-1 through ~~6-12b~~ 6-14 (PFI)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 3.1-A
Pages 6-1, 6-2, & 6-4 through 6-9b

10. SUBJECT OF AMENDMENT:

Disease Management

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
DENNIS BRADDOCK

14. TITLE:
Secretary

15. DATE SUBMITTED:

16. RETURN TO:

Department of Social and Health Services
Medical Assistance Administration
623 8th St SE MS: 45533
Olympia, WA 98504-5533

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

JUN 26 2002

18. DATE APPROVED:

AUG 15 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: **APR - 1 2002**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Bumer Butterfield

22. TITLE:

**ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAID**

23. REMARKS:

FORWARDED: 6/25/02
DATE

Olympia

PFI changes authorized by the state on 8/8/02.

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13.c. Preventive Services

Disease State Management

The State of Washington will provide a statewide Disease Management Program to Medicaid clients eligible for Title XIX Medicaid coverage under the Categorically Needy Program (CNP), who receive services through the Medical Assistance Administration's (MAA's) fee-for-service system, and who have one or more of the following diseases:

- Asthma;
- Congestive Heart Failure;
- Diabetes;
- End State Renal Disease or Chronic Kidney Disease.

The State's Disease Management Program is designed to assist clients with chronic illness to achieve the following goals:

1. Increase the client's (and/or their caregiver's) understanding of their disease so they are:
 - More effective partners in the care of their disease;
 - Better able to understand the appropriate use of resources needed to care for their disease(s);
 - Able to identify when they are getting in trouble earlier and seek appropriate attention before they reach crisis levels; and
 - More compliant with medical recommendations.
2. Improve clients' quality of life by assisting them in "self-management" of their disease and in accessing regular preventive health care;
3. Provide coordination among multiple case managers and health care providers;
4. Improve adherence to national, evidence-based guidelines to improve clients' health status; and
5. Reduce unnecessary emergency department visits and hospitalizations.

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13.c. Preventive Services (continued)

Components of Disease State Management

Contracted disease management vendors will provide the following services to clients eligible for the program:

- Outreach that is sufficient to draw hard-to-serve clients into the program, including home visits or other face-to-face contact if the client does not have a telephone, or is unable to use the telephone.
- Twenty-four hour-a-day, seven days-a-week (24/7) toll free nurse telephone consultation and screening service staffed by licensed registered nurses. The toll free nurse service will provide advice and consultation to all clients in the enrollment group of 173,000 on a 24/7 basis. In addition, during each incoming call, the triage nurse will ask a series of questions designed to determine if the client has one of the conditions being served by the disease management program. If the caller has one of the conditions covered by this program, he or she will be transferred to either the McKesson CareEnhance program or the Renaissance ESRD program for further assessment and risk stratification.
- Once the client has been referred for further assessment, the appropriate contractor will provide more intensive screening to determine the client's risk level. The Contractor will then develop and implement an individual plan of care that addresses the client's multiple health, behavioral and social needs, and that ensures continuity, quality and effectiveness of care.
- Assistance to clients in accessing appropriate medical care, including assisting the client in finding a primary care provider (PCP) if the client does not already have a PCP.
- Assistance to clients in accessing necessary primary/preventive care and obtaining referrals for specialty services through appropriate channels, rather than obtaining care through the emergency department.
- Facilitation of appropriate collaboration between the client's family and/or caregivers, health care providers and community case managers in the development and implementation of the client's plan of care.
- Linkage between health care providers and allied health and social service agencies to

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13.c. Preventive Services (continued)

- facilitate access to services necessary for the implementation of the client's plan of care, including a system that allows providers to request specific care coordination services.

Choice of Providers

The state assures that there will be no restrictions on a client's free choice of providers in violation of Section 1902(a)(23) of the Act. Eligible clients have free choice to receive or not receive disease case management services through contracted Prepaid Health Plans (PHPs) and may change nurse case managers within the PHP at any time. Eligible clients also have free choice of the providers of other medical care under the program.

Criteria for Disease Management Providers

- a. All Disease Management case managers shall be registered nurses who meet the requirements of the contracted disease management vendors.

All case management nurses shall be licensed in the State of Washington. Registered Respiratory Therapists licensed in the State of Washington may provide additional services.

- b. The State will contract with disease management companies who meet the program requirements.
- c. Entities who wish to contract with the Medical Assistance Administration to provide disease management services must meet the following conditions:
- (a) Have an appropriate method for using MAA healthcare data to identify targeted disease populations;
 - (b) Have an evidence-based healthcare practice guideline for each targeted disease;
 - (c) Have collaborative healthcare practice models in place to include MAA's contracted physicians and support-service providers;
 - (d) Have patient self-care management education materials and methods appropriate to each targeted disease population;
 - (e) Have process and outcomes measurement, evaluation, and management systems;
 - (f) Have routine reporting processes that are proven to properly support disease management goals; and
 - (g) Have demonstrable and successful experience in disease management for the targeted disease populations.

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13.c. Preventive Services (continued)

- (h) Provide access to a 24 hour-a-day, seven days-per-week nurse call center;
- (i) Have the ability to guarantee program savings.
- (j) Meet applicable federal and state laws and regulations governing the participation of providers in the Medicaid program.

Comparability of Services

All clients eligible to participate in the disease management program will receive comparable services, based on their level of disease and co-morbid conditions. All clients will receive be assessed for their risk level, and will receive follow up education and disease management services.

Inclusion Criteria

Target Group: The target group of Medicaid clients eligible to receive Disease Management services are clients who:

1. Receive medical services through fee-for-service coverage;
2. Are not institutionalized;
3. Are high-risk clients with one or more diseases and conditions;
4. Are not receiving specialized case management services through another program;
5. Have a primary diagnosis of one of the diseases described in this document.

Enrollment/Disenrollment Process

This disease management program is a voluntary program. All clients in the enrollment group will have access to the toll-free Nurse Advice program. Additionally, those clients with any of the four disease states will be referred to the appropriate DM Vendor for further disease management. Any client may stop participating in the DM program at any time by calling the Disease Management vendor with whom the client is participating, or by calling the State's toll-free customer service line. This process is referred to as "opting out" of the Disease Management Program.

Clients may also re-enroll ("opt in") in the Disease Management Program at any time by calling the appropriate disease management vendor, or the State's toll-free customer service line.

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13.c. Preventive Services (continued)

Payment Methodology for the Programs

In accordance with federal interpretation, the disease management contracts are risk contracts. The State is currently using two methods of payment for the contracted Disease Management programs. Each method of payment has been developed using actuarially sound methodology and does not exceed the amount the State would have paid had disease management services been provided using the fee for service system.

1. For the ESRD and Chronic Kidney Disease (CKD) program, the State will pay a monthly capitated fee for each client currently participating in the ESRD/CKD Program.
2. For the Asthma, Congestive Heart Failure and Diabetes programs, the State will pay a capitated fee based on the total eligible population, and the prevalence of each disease within the total population.

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13. d. Rehabilitative Services

1. Physical medicine and rehabilitation as requested and approved.
2. Alcohol detoxification is limited to three days in certified facilities which are:
 - (a) Within the physical location and the administrative control of a general hospital; or
 - (b) Freestanding facilities established to provide this service.
3. Drug detoxification is limited to five days in certified facilities which are:
 - (a) Within the physical location and the administrative control of a general -hospital;
 - (b) Freestanding facilities established to provide this service.
4. Adult Day Health is provided as approved and periodically reviewed.
5. Chemical dependency treatment provided in certified programs that include:
 - (a) Outpatient treatment programs; and
 - (b) Treatment services, excluding board and room, provided in residential treatment facilities with 16 beds or less.
6. Medical services furnished by a school district:
 - (a) Including evaluation, screening and assessment component for those students under consideration for an Individual Education Program or Individualized Family Service Plan; or
 - (b) Identified as part of a handicapped child s Individual Education Program or Individualized Family Service Plan.

Services to be provided will be physical therapy, speech therapy, occupational therapy, audiology, psychological services, counseling, and nurse services.
Licensed/ classified personnel will provide services.

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13. d . Rehabilitative Services (cont.)

7. Mental Health services furnished by state licensed Mental health Centers. These services must be provided to reach the goals of an Individualized Service Plan. The services to be provided are crisis services, stabilization services, intake evaluation, special population evaluation, interdisciplinary evaluation for a nursing home resident, psychological assessment, medication management, individual treatment services, group treatment services, adult day treatment, adult acute diversion services, children and adolescent day treatment, and child and adolescent acute diversion services, family therapy, and critical mental health services. The payment rates are established per Attachment 4.19 - B XVIII
8. Therapeutic child care to treat psycho-social disorders in children under 2 1 years of age based on medical necessity. Services Include: developmental assessment using recognized, standardized instruments play therapy; behavior modification; individual counseling; self esteem building; and family intervention to modify parenting behavior and/ or t h e child' s environment to eliminate/ prevent the child' s dysfunctional behavior. Prior approval is required. Payment rates are established per section X of Attachment 4.19-B.

Line staff, responsible or planning and providing these services in a developmentally appropriate manner must have an AA degree in Early Childhood Education or Child-Development or related studies, p l u s five years' of related experience, including identification, reporting, and prevention of child abuse and/ or neglect.

Supervisory staff must have a BA in Social Work or related studies, plus experience working with parents and children at risk of child abuse and/ or neglect. Experience can be substituted f o x-education using a 2: l ratio. Their responsibilities are for development, implementation and documentation of treatment plans for each child.

Agencies and individual providers must be approved as meeting Medicaid agency criteria and certification requirements under state law as appropriate.

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13. D. Rehabilitative Services (Cont.)

9. Behavior Rehabilitation Services.

Behavior rehabilitative are services provided to children to remediate debilitating disorders, upon the certification of a physician or other licensed practitioner of the healing arts within the scope of their practice within state law. Prior approval is required.

Service Description

Specific services include milieu therapy, crisis counseling and regularly scheduled counseling and therapy, as well as medical treatment.

Milieu therapy refers to those activities performed with children to normalize their psycho-social development and promote the safety of the child and stabilize their environment. The child is monitored in structured activities which may be recreational, rehabilitative, academic, or a variety of productive work activities. As the child is monitored, intervention is provided to remediate the dysfunctional behaviors and encourage appropriate responses in a broad range of settings.

Crisis counseling is available on a 24 hour basis, providing immediate short term intervention to assist the child in responding to the crisis and/ or stabilize the child's behavior until problems can be addressed in regularly scheduled counseling and therapy sessions.

Regularly scheduled counseling and therapy, as well as psychological testing, is provided. The purpose of which is to remediate specific dysfunctions which have been explicitly identified in a continually updated formal treatment plan. Therapy may be in an individual or group setting. It may be directed toward the child alone, the child within his/ her biological or the adopted family, or the child within his/ her peer group.

Medical treatment may also be provided. Twenty-four hour nursing is provided for children who are medically compromised to such an extent that they are temporarily unable to administer self care and are impaired medically/ developmentally immediate the caretaker's ability to provide medical/remedial care.

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13. D. Rehabilitative Services (Cont.)

Population to be Served

Children who receive these services suffer from developmental disabilities and behavioral/emotional disorders that prevent them from functioning normally in their homes, schools, and communities. They exhibit such symptoms as drug and alcohol abuse; anti-social behaviors that require an inordinate amount of intervention and structure; sexual behavior problems; victims of severe family conflict; behavioral disturbances often resulting from psychiatric disorders of the parents; medically compromised and developmentally disabled children who are not otherwise served by the state agency's Division of Developmental psychological Disabilities; and impairments.

Provider Qualifications

Service include Social Staff : Responsibilities development of service plans; individual, group, and family counseling; and assistance to child care staff in providing appropriate treatment for clients.

The minimum qualification is a Masters Degree in social work or a closely allied field.

Child Care Staff: Responsibilities include assisting social service staff in providing individual, group, and family counseling; and therapeutic intervention to address behavioral and emotional problems as they arise.

Minimum qualifications require that no less than 50% of the child care staff in a facility have a Bachelors Degree. Combinations of formal education and experience working with troubled children may be substituted for a Bachelors degree.

Program Coordinator: Responsibilities include supervising staff, providing overall direction to the program and assuring that contractual requirements and intents are met.

Minimum qualifications are to be at least 21 years of age with a Bachelors Degree, preferably with major in study psychology, sociology, social work, social sciences, or a closely allied field, and two years experience in the supervision and management of a group care program for adolescents.

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13. D. Rehabilitative Services 9. (Cont.)

Counselor: Responsibilities include case planning, individual and group counseling, assistance to child care staff in providing appropriate treatment for clients, coordination with other agencies, and documentation of client progress.

Minimum qualifications are to be at least 21 years of age possessing a Master' s Degree with major study in social one year work or a closely allied field and of experience in the care of troubled adolescents or, a Bachelor' s Degree with major study in social work, psychology, sociology, or a closely allied field and two years experience in the care of troubled adolescents.

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13. D. Rehabilitative Services

10. Family Preservation Services (FPS)

DESCRIPTION

FPS are intensive, time-limited, mental-health rehabilitation services. They are home-based therapeutic interventions designed to ameliorate behavioral and emotional impairment of children. They are implemented according to an individualized Rehabilitation Service Plan (Plan) developed and monitored by an interdisciplinary team made up of health professionals, the child's family or legal guardian, and the individual.

ELIGIBILITY

Reimbursement shall be made only for FPS provided to individuals who have been certified in writing as needing these services by a licensed practitioner of the healing arts. The certification for medical necessity must show a need for services that will ameliorate behavioral or emotional impairment and prevent placement in a more restrictive setting.

The certification must:

- 1) Be based on appropriate clinical data and assessment of the individual;
- 2) Delineate the duration of the services; and
- 3) Specify that the individual needs the services offered by the FPS program.

INDIVIDUAL PROGRAM PLAN DEVELOPMENT AND DOCUMENTATION

An individualized plan of service will be developed for each child in the program. It will be designed by an inter-disciplinary team consisting of a program supervisor, health professionals, the child, and a family member or legal guardian. The specific make-up of the team will be based on the individual child's needs.

The plan must be mutually agreed upon by the team. Minimally, it must identify the following:

- 1) Service goals and objectives;
- 2) Identification of FPS to be provided;
- 3) Proposed time frames;

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13. D. Rehabilitative Services 10 (Cont.)

- 4) Documentation strategies;
- 5) Responsible program staff; and
- 6) Individualized discharge criteria.

Progress documentation shall be recorded at specific time intervals by the interdisciplinary team in accordance with the plan.

PROGRAM STAFF QUALIFICATIONS

The program will be implemented by staff according to the individual's needs. At a minimum, the program requires a physician, registered nurse, or psychologist currently licensed by the State of Washington to determine medical necessity and for consultative purposes and at least one of the following:

- 1) A social worker holding a graduate degree from a school of social work accredited or approved by the Council of Social Work Education or another comparable body,
- 2) A registered nurse who is currently licensed by the State of Washington, or
- 3) A human services professional holding at least a bachelor's degree in a human service field including, but not limited to psychology, behavioral therapy, social work, sociology, special education or rehabilitation counseling. In addition, this person must have at least two years experience working with families and children.

All providing agencies must be certified by the Washington State Department of Social and Health Services as meeting minimum qualifications.

SERVICE DEFINITIONS

FPS will provide a wide range of therapies in the home and community where the child lives. It is generally recognized that familiar environments create a therapeutic milieu where greater learning can occur for the child and programs can be demonstrated for family members. This atmosphere assures consistent program delivery. All services listed below will be directed towards the child.

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13. D. 10 Rehabilitative Services (Cont.)

Optional Program Services include:

- 1) Behavior Management Training
These include activities which provide guidance and training in techniques of behavior modification. It allows practicing skills to increase the capacity for management of the full spectrum of one's behavior from everyday life experiences to acute emotional stress. Such activities shall focus on interventions which assist in the identifications of internal and external stressors, development of coping strategies, and teaching family members how to apply these techniques in absence of program staff.
- 2) Counseling Services
These services are the use of the individual or group therapeutic modalities. They assist the individual to clarify future direction and identify behaviors that interfere with achievement of individual goals. They allow the individual to identify personal potential and work through internal issues which may interfere with daily life.
- 3) Health Options Counseling
Health options counseling ameliorates behavioral and emotional impairment by providing therapy to restore the child's interest and understanding of his/her own health.
- 4) Crisis Intervention
Crisis intervention services alleviate acute behavior outbursts displayed by the child.
- 5) Daily Living Skills Training
This training focuses on the acquisition of skills and capabilities to perform primary activities of daily life. It includes functional areas such as: dressing, personal hygiene, grooming, clothes maintenance, food preparation, and basic money management. Such activities increase the child's sense of personal responsibility and self-worth.

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13. D. 10 Rehabilitative Services (Cont.)

6) Medication Management and Training

This training provides information to ensure appropriate understanding of the role and effects of medication in treatment, identification of side effects of medications and potential drug or food interactions. Training in self administration of medication will be provided as approved by the Program Team physician.

7) Socialization Skills Training

This training assists the child to develop and practice "age appropriate" social and interpersonal skills. These activities promote participation in positive social events and development of appropriate communication and negotiation skills.